



Preparing for Surgery

Patient Guide

The **safety** and **comfort** of our patients **is our priority.**

You play an important role in partnering with us to ensure a safe, efficient, and exceptional experience.

If you have any remaining questions after reading these instructions, please call your surgeon's office.

On the day before your surgery we will call you between 2:00 pm and 5:00 pm with your arrival time. If you have not received a call from Surgical Services or your surgeon's office BY 5:00 pm on the day before your surgery, please call the Same Day Surgery Unit at (931) 783-2190.

SURGERY DETAILS:

Physician:	Date	2:









THE DAY BEFORE YOUR SURGERY TO NOT EAT OR DRINK AFTER MIDNIGHT.

CHANGES TO YOUR MEDICATION SCHEDULE PRIOR TO SURGERY:

It is extremely important that you are aware of the changes that will need to be made to your normal medication schedule seven days before your surgery.



ONE WEEK BEFORE SURGERY:



Stop taking Ibuprofen, Motrin, Advil, Aleve, Naprosyn, Relafen,
Daypro, Nuprin, Celebrex, Meloxicam and Diclofenac.
Stop taking all herbal medication/dietary supplements, such as garlic pills, vitamin E, St. John's wort, fish oil, diet pills and multivitamins.

Tylenol (acetaminophen) is acceptable

Follow your physician's	instructions	related t	to your	blood	thinner	medication	on.

Do not discontinue prescribed medications unless advised by your surgeon or anesthesia.

Blood Thinners/Aspirin: Insulin: PLEASE TAKE THE FOLLOWING MEDICATION THE MORNING OF SURGERY WITH SIPS OF WATER:

Patient Signature: _____ Date: _____ Date: _____

ATTENTION:

IF YOU TAKE ANY OF THE FOLLOWING MEDICATIONS
FOR DIABETES OR WEIGHT LOSS THEY WILL NEED TO BE
DISCONTINUED FOR 7 DAYS PRIOR TO SURGERY

OZEMPIC	MOUNJARO
WEGOVY	SAXENDA
TRULICITY	BYDUREON
BYETTA	ADLYXIN

IF YOU TAKE ANY OF THE FOLLOWING MEDICATIONS
DISCONTINUE 1 DAY PRIOR AND THE DAY OF SURGERY

RYBELSUS

These medications are associated with adverse effects such as nausea, vomiting and delayed emptying of stomach contents. There is also increased risk of vomiting and aspiration pneumonia during general anesthesia and deep sedation.

Follow the instructions below if you are a patient who take ANY of the medications listed above.

DRINK ONLY CLEAR LIQUIDS THE DAY BEFORE SURGERY.

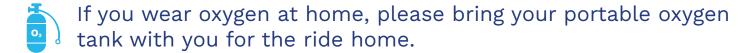
NO SOLID FOOD 24 HOURS PRIOR TO SURGERY.

NO LIQUIDS 12 HOURS PRIOR TO ARRIVAL FOR SURGERY

BEFORE COMING TO THE HOSPITAL - CHECKLIST











- Remove contact lenses, and wear your glasses or bring your contact lens case with you.
- Do not wear any jewelry including body piercings. This could present a potential safety risk.
- Leave jewelry and other valuables at home. We do not have a locked area in which to keep them.
- Leave dentures at home or bring your denture cup to place them in prior to surgery.
- Hearing aids can be worn into the hospital but bring your case with you. They will be removed prior to surgery.
- **DO NOT** eat, drink, smoke or chew tobacco after midnight (excepts sips of water with pre-op medications)
- **DO NOT** drink alcohol.

PREOPERATIVE SURGERY HYGIENE INSTRUCTIONS

NOTE You will be given a bottle of special cleanser called Chlorhexidine. It is very important that you use Chlorhexidine cleanser in addition to antibacterial soap. Use caution, Chlorexidine may cause the floor of your shower/bath tub to become slippery. Begin bathing daily with Chlorhexidine two days before your surgery. Also use it the morning of surgery before coming to the hospital. Chlorhexidine should NOT be used near eyes, nose, ears, and mouth or in the vagina. If the solution gets in your eyes, rinse them out with water immediately. Chlorhexidine is absorbed by cotton washcloths and may cause discoloration. KEEP out of reach of children. Chlorhexidine should not be used on children less than two months old

Use the Chlorhexidine shower cleanser START DATE: provided to you everyday including the day of surgery to keep your skin clean and to prevent infection.

- In the shower, wash your face and body with antibacterial soap (such STEP 1: as Dial) using a new, clean washcloth and towel everyday. Shampoo hair as you normally do.
- Wash body thoroughly from the neck down (avoiding the vagina and STEP 2: rectal area) with Chlorhexidine. Pay special attention to the area where you will have surgery as well as the stomach, belly button, hands, between finger/toe nails, elbows, ankles, knees (front and back), under skin folds (stomach and breasts) and under arms.
- Ask for help if you are unable to wash certain areas of your body. STEP 3:
- **STEP 4:** Rinse very well and dry with a clean towel.

PLEASE REMEMBER

- DO NOT SHAVE ANY BODY PARTS from the neck down. Shaving increases 1. your risk of infection when you have surgery.
- AFTER YOU SHOWER, the morning of surgery, do not use powder, deodorant, 2. perfumes or lotions. Please remove nail polish from fingers and toes.
- **WEAR FRESHLY LAUNDERED** 3. clothes after your shower and to the hospital.

TAKING CARE OF YOUR TEETH

Brush your teeth and tongue with a soft bristle toothbrush with any brand of toothpaste. If you have dentures, do your routine cleaning. Don't forget to rinse your mouth with mouthwash.



Go to the surgical waiting reception desk. A staff member will escort you to your room.

WHAT TO EXPECT

IN THE SAME DAY OR HOLDING AREA

Meet your surgeon, anesthesia provider, and nurse care team.

Proper safety checks which include a list of regulations is undergone before every surgery.

Possible additional blood tests.

IN THE POST-ANESTHESIA CARE UNIT (PACU)

You will be monitored by a nurse until you wake up from anesthesia.

IF ADMITTED TO HOSPITAL

You will be transported to an inpatient floor, where you will be cared for by a team of caregivers until you have recovered sufficiently.

IN THE SAME-DAY SURGERY UNIT

After your surgery you will receive care by a team of caregivers until you have recovered sufficiently.

If going home the same day as your surgery,

YOU MUST HAVE A RIDE

from a family member or a friend.

You will not be able to operate a vehicle, leave in a taxi or take public transportation by yourself.

DISCHARGED HOME

As a service to our patients, prior to leaving the hospital, CRMC Outpatient Pharmacy can fill your discharge medication(s).

Bring insurance and prescription cards.

You (or family member or caregiver) may pick up your medication(s) at the CRMC Outpatient Pharmacy.

This program is optional and is offered for your convenience. Please note that you have the right to select any pharmacy you wish to provide medication(s) prescribed by your physician.

If you need any more information before making a decision, please feel free to contact a pharmacist at 931-783-2552.

QUESTIONS OR CONCERNS?

Write down any questions or concerns that you have below:





Use of the Incentive Spirometer 10 times per hour





Coughing and Deep Breathing when possible





Oral Care - Brush your teeth and rinse with mouth wash 3 times per day





Understanding - Ask if you have questions about the reasons for these guidelines





Getting Out of Bed and Walk through the Hallways





Head of Bed at 30 degrees elevation

Diet and Nutrition Before Surgery:

- Proper nutrition before your surgery aids the healing process
- Drink plenty of fluids and stay hydrated!!
- Day before surgery: Continue to drink plenty of clear liquid fluids. The combined effects of anesthesia and your medication may slow down your bowel function. This can cause constipation after surgery, especially if you are not consuming enough fluids!

STOP Dehydration and Nausea



Every Day Hydration Guidelines following Surgery:

- ✓ Maintain hydration by striving for 64oz non-carbonated, non-caffeinated fluids daily
- ✓ Experiment with the temperature of fluids to find the most soothing
- √ Your surgeon may instruct you to not drink through a straw
- ✓ Journal fluid intake every day
- √ Clear/light yellow urine output
- √ Frequent urine output
- √ Take anti-nausea medications as prescribed
- √ Take post-operative medications as prescribed
- ✓ Drinking fluids is important to help decrease pain and will keep your temperature down while healing
- ✓ Call provider if experiencing persistent nausea and lack of intake



- ✓ Non-carbonated, non-caffeinated fluid intake is more than 48 ounces or more per day (your goal should be striving for at least 64 oz daily)
- √ Warm, cold or room temperature fluid
- √ Light yellow urine output
- √ Frequency of urine output normal
- ✓ Occasional nausea but not daily

YELLOW IS THE WARNING ZONE

- ✓ Non-carbonated, non-caffeinated fluid intake is between 30 and 47 ounces per day
- √ Warm, cold or room temperature fluid
- ✓ Dizzy, headache, muscle cramping, dry mouth/lips, heart palpitations (signs of dehydration)
- √ Yellow urine output
- \checkmark Frequency of urine output decreased
- ✓ Nausea despite frequent anti-nausea medication
- ✓ Dry heaving, increased salivation, urge to vomit (signs of nausea)

RED IS THE ALERT ZONE

- ✓ Non-carbonated, non-caffeinated fluid intake is less than 24 ounces per day
- √ Warm, cold or room temperature fluid
- ✓ Extreme thirst, confusion, rapid breathing, very dry skin (signs of severe dehydration)
- ✓ Dark yellow urine output
- √ Minimal urine output
- ✓ Uncontrolled nausea despite frequent anti-nausea medication
- ✓ Dry heaving, increased salivation, urge to vomit (signs of nausea)

CONSENT FOR ANESTHESIA SERVICES

I acknowledge that my doctor has explained to me that I will have an operation, diagnostic or treatment procedure. My doctor has explained the risks of the procedure advised me of alternative treatments and told me about the expected outcome and what could happen if my condition remains untreated. I also understand that anesthesia services are needed so that my doctor can perform the operation or procedure.

It has been explained to me that all forms of anesthesia involve some risks and no guarantees or promises can be made concerning the results of my procedure or treatment. Although rare, unexpected severe complications with anesthesia can occur and include the remote possibility of infection, bleeding, drug reactions, blood clots, loss of sensation, loss of limb function, paralysis, stroke, brain damage, heart attack, or death. I understand that these risks apply to all forms of anesthesia and that additional or specific risks have been identified below as they may apply to a specific type of anesthesia. I understand that the type(s) of anesthesia service checked below will be used for my procedure and that the anesthetic technique to be used is determined by many factors including my physical condition, the type of procedure my doctor is to do, his or her preference, as well as my own desire. It has been explained to me that sometimes an anesthesia technique which involves the use of local anesthetics, with or without sedation, may not succeed completely and therefore another technique may have to be used including general anesthesia.

☐ General Anesthesia	Expected Result Technique	Total unconscious state, possible placement of a tube into the windpipe Drug injected into the bloodstream, breathed into the lungs, or by other routes
	Risk	Mouth or throat pain, hoarseness, injury to the mouth or teeth, awareness under anesthesia, injury to blood vessels, aspiration, pneumonia.
☐ Spinal or Epidural ☐ With Sedation ☐ Without Sedation	Expected Result Technique Risk	Temporary decreased or loss of feeling and/or movement to lower part of the body Drug injected through a needle/catheter placed either directly into the spinal canal or immediately outside the spinal canal Headache, backache, ringing in the ears, convulsions, infection, persistent weakness, numbness, residual pain, injury to blood vessels, total spinal
□ Major/Minor Nerve Block□ With Sedation□ Without Sedation	Expected Result Technique Risk	Temporary loss of feeling and/or movement of a specific limb or area Drug injected near nerves providing loss of sensation to the area of the operation Infection, convulsions, weakness, persistent numbness, residual pain, injury to blood vessels
☐ Intravenous Regional Anesthesia ☐ With Sedation ☐ Without Sedation	Expected Result Technique Risk	Temporary loss of feeling and/or movement of a limb Drug injected into veins of arm or leg while using a tourniquet Infection, convulsions, persistent numbness, residual pain, injury to blood vessels
☐ Monitored AnesthesiaCare☐ With Sedation	Expected Result Technique Risk	Drug injected into the bloodstream, breathed into the lungs, or by other routes producing a semi-conscious state
☐ Monitored Anesthesia Care ☐ Without Sedation	Expected Result Technique Risk	Measure of vital signs, availability of anesthesia provider for further intervention None Increased awareness, anxiety and/or discomfort

Notes:	



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